

**BIGGS UNIFIED SCHOOL DISTRICT  
REIMBURSEMENT CLAIM FORM - PRIOR APPROVAL IS MANDATORY**

Any amounts in excess of prior approval will not be reimbursed  
Claims must be filed within 60 days of incurring expense. Claims filed after that date will not be reimbursed

**When submitting this form to your supervisor:** Bring all items purchased and attach original itemized receipts. If reimbursement is for travel attach all applicable back up request on pre-approval form. Your supervisor will submit to AP. It will take a minimum of 7 business days, once this form is received by AP, for you to receive a check.

Employee Name: \_\_\_\_\_ Purchase not to exceed: \$ \_\_\_\_\_  
 ID#: \_\_\_\_\_ Verified By: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Date: \_\_\_\_\_

*All items must be checked in by your supervisor. If you are having items shipped, items must be deliver to: **300 B Street, Biggs, CA 95948.**  
**Items shipped to a personal address, will NOT be reimbursed.***

DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL COST

*Attached all ORIGINAL ITEMIZED invoices or receipts related to this claim. Copies or credit card statements will not be accepted.*

I certify that no profit or gain was made from this transaction.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Sub-Total

Sales Tax

Shipping

**TOTAL**

**TOTAL is the maxium amount that AP will issue a check for**

\_\_\_\_\_  
Approval by

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**For Supervisor to complete**

Amount	Fund	Resource	Year	Object	Goal	Function	Site	Manager	Cost Center / LCAP